You can "upload" an electronic file of encounters from your local system to the TCM System over the Internet.



Here are the steps to follow. . .





The Electronic File

- ☐ Data must be in a "fixed block text" format
- ☐ Data fields must match the layout described in the "TCM File Format for Uploaded Encounter Record" (see "Training Topics" web page).
- ☐ You may obtain a template in Microsoft Access® from DHS if you have a licensed copy of Access®.







Targeted Case Management

Field Name	Start Position	End Position	Length	Type	Format	Option	Permitted Values	Notes
Case Manager ID	001	009	09	AN		Required		
Client ID	010	018	09	AN		Optional		Required if Client Last Name is left blank.
Date of Service	019	028	10	Date	MM/DD/CCYY	Required		Must be equal to or greater than 07/01/2000.
Date of Birth	029	038	10	Date	MM/DD/CCYY	Required		2004 CC 104 (1079 MARS 10000-00000)
Client Last Name	039	058	20	AN	Sec.	Optional		Required if Client ID is left blank.
Client First Name	059	073	15	AN		Optional		
Client Middle Initial	074	074	01	AN		Optional		
Program Type Code	075	076	02	N		Required	06 07 09 10 11 12 13	06 = Public Health 07 = Outpatient Clinics 09 = Public Guardian 10 = Linkages 11 = Probation 12 = Adult Protection 13 = Home Visitation
Location	077	082	.06	AN		Required	Office Home Other	Spaces will be permitted on an upload, but actual value is needed prior to invoicing.
Newborn Date of Birth	083	092	10	Date	MM/DD/CCYY	Optional		- P.
Optional Field 1	093	102	10	AN		Optional		Defined by the LGA. If not used the field should be equal to spaces.
Optional Field 2	103	112	10	AN		Optional		Defined by the LGA. If not used the field should be equal to spaces.
Optional Field3	113	122	10	AN		Optional		Defined by the LGA. If not used the field should be equal to spaces.
Sub Program	123	126	04	AN		Optional		Defined by the LGA. Permitted Values must be previously defined to the system.

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